

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Don Eicher	TELEPHONE NUMBER 601-576-7874	
ADDRESS P.O. Box 1700		CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL Don.Eicher@msdh.state.ms.us	SUBMIT DATE June 14, 2011	Name or number of rule(s): Mississippi State Department of Health – FY 2012 Mississippi State Health Plan		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Revisions of the FY 2012 Mississippi State Health Plan to update statistical data for health care facilities and services and other information concerning health care issues. This includes changes to Chapter 6, Comprehensive Medical Rehabilitation Services; and Chapter 7, Other Health Services, revision of End Stage Renal Disease Services.

Specific legal authority authorizing the promulgation of rule: Mississippi Code Section 41-7-185(g)

List all rules repealed, amended, or suspended by the proposed rule: FY 2011 Mississippi State Health Plan

**ORAL PROCEEDING:**

- ☒ An oral proceeding is scheduled for this rule on Date: July 7, 2011 Time: 11:00 a.m. Place: Mississippi State Department of Health, Cobb Auditorium, 1<sup>st</sup> Floor, Osborne Building, 570 East Woodrow Wilson, Jackson, MS 39215
- ☐ Presently, an oral proceeding is not scheduled on this rule.


If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

- ☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Donald E. Eicher, III, Director, Office of Health Policy & Planning

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by		Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMAN  
Secretary of State

### CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Mississippi State Dept. of Health	CONTACT PERSON Don Eicher		TELEPHONE NUMBER 601-576-7874
ADDRESS P.O. Box 1700	CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL Don.Eicher@msdh.state.ms.us	DESCRIPTIVE TITLE OF PROPOSED RULE Mississippi State Department of Health - FY 2012 Mississippi State Health Plan		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Section 41-7-185(g)		Reference to Rules repealed, amended or suspended by the Proposed Rule: FY 2011 Mississippi State Health Plan	

#### A. Estimated Costs and Benefits

1. Briefly Summarize the benefits that may result from this regulation and who will benefit:

Mississippi Code Section 41-7-185(g) requires the State Department of Health to develop a revised State Health Plan tri-annually. The State Health Plan is necessary to properly administer the Certificate of Need program that requires review of health care facilities and defined health care services. Parties to benefit include, all health care facilities and health care service providers, and their consumers and the State of Mississippi.

2. Briefly describe the need for the proposed rule:

Mississippi Code Section 41-7-185(g) requires the State Department of Health to develop a revised State Health Plan tri-annually. The FY 2012 revision will update all chapters with the most recent statistical data available and make revisions to certain criteria and standards.

3. Estimated Cost of implementing proposed action (check option):

a. To the agency

☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive

b. To other state or local government entities

☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

4. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

c. Cost:

☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

d. Economic Benefit:

☐ Nothing ☐ Minimal ☐ Moderate ☒ Substantial ☐ Excessive

5. Estimated impact on small business:

☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

6. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule:

☐ substantially less than ☒ moderately less than ☐ minimally less than  
☐ the same as ☐ minimally more than ☐ moderately more than  
☐ substantially more than ☐ excessively more than

7. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule:

- ☐ substantially less than ☐ moderately less than ☐ minimally less than  
☐ the same as ☐ minimally more than ☐ moderately more than  
☒ substantially more than ☐ excessively more than

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B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

- ☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule.

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C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

The Department used actual historical cost data and other data.

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D. Public Notice

1. Where may someone obtain copies of the full text of the economic impact statement?

From the agency contact person at the above address.

2. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided?

Oral proceeding is scheduled.

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SIGNATURE



TITLE

Director of Office of Health Policy and Planning

DATE

June 14, 2011

PROPOSED EFFECTIVE DATE OF RULE

September 1, 2011

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